



HCBS Settings Regulations “Additional Conditions” Modifications Checklist

The following “additional conditions” requirements to the HCBS settings regulations, which pertain only to provider owned or controlled residential settings, may be modified.

Guidance about the HCBS modifications process should be reviewed first and may be found at:

<https://www.dmas.virginia.gov/media/4812/hcbs-modifications-explained.pdf>

The purpose of this recommended checklist is to help providers and Support Coordinators ensure that each required element under the applicable requirement has been completed and documented if that HCBS settings regulation element has been modified for an individual. These steps must be taken for the initial modification and at least every ISP year thereafter as long as the modification remains in place.

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State.
 - ☐ Identify the individual’s specific and individualized **assessed** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used **prior to** initiating any modifications to the ISP for this requirement.
 - ☐ Document less intrusive methods of meeting the need **that have been tried by the provider but did not work**.
 - ☐ Include a clear description of the modification that is being put into place that is **directly proportionate** to the above specific assessed need.
 - ☐ Include a plan for the provider to **regularly collect and review data** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to **periodically review the modification** to determine if it is still necessary or can be terminated.
 - ☐ Include **documented informed consent** of the individual to the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification **will cause no harm** to the individual.
2. Each individual has privacy in their sleeping or living unit. This includes:
 - a. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
 - ☐ Identify the individual’s specific and individualized **assessed** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used **prior to** initiating any modifications to the ISP for this requirement.

- ☐ Document less intrusive methods of meeting the need ***that have been tried by the provider but did not work.***
 - ☐ Include a clear description of the modification that is being put into place that is ***directly proportionate*** to the above specific assessed need.
 - ☐ Include a plan for the provider to ***regularly collect and review data*** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to ***periodically review the modification*** to determine if it is still necessary or can be terminated.
 - ☐ Include ***documented informed consent*** of the individual to the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification ***will cause no harm*** to the individual.
- b. Individuals sharing units have a choice of roommates in that setting.
- ☐ Identify the individual's specific and individualized ***assessed*** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used ***prior to*** initiating any modifications to the ISP for this requirement.
 - ☐ Document less intrusive methods of meeting the need ***that have been tried by the provider but did not work.***
 - ☐ Include a clear description of the modification that is being put into place that is ***directly proportionate*** to the above specific assessed need.
 - ☐ Include a plan for the provider to ***regularly collect and review data*** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to ***periodically review the modification*** to determine if it is still necessary or can be terminated.
 - ☐ Include ***documentation that the individual was fully informed about and consented to*** the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification ***will cause no harm*** to the individual.
- c. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- ☐ Identify the individual's specific and individualized ***assessed*** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used ***prior to*** initiating any modifications to the ISP for this requirement.
 - ☐ Document less intrusive methods of meeting the need ***that have been tried by the provider but did not work.***
 - ☐ Include a clear description of the modification that is being put into place that is ***directly proportionate*** to the above specific assessed need.
 - ☐ Include a plan for the provider to ***regularly collect and review data*** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to ***periodically review the modification*** to determine if it is still necessary or can be terminated.

- ☐ Include **documented informed consent** of the individual to the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification **will cause no harm** to the individual.
3. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
- ☐ Identify the individual's specific and individualized **assessed** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used **prior to** initiating any modifications to the ISP for this requirement.
 - ☐ Document less intrusive methods of meeting the need **that have been tried by the provider but did not work**.
 - ☐ Include a clear description of the modification that is being put into place that is **directly proportionate** to the above specific assessed need.
 - ☐ Include a plan for the provider to **regularly collect and review data** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to **periodically review the modification** to determine if it is still necessary or can be terminated.
 - ☐ Include **documented informed consent** of the individual to the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification **will cause no harm** to the individual.
4. Individuals are able to have visitors of their choosing at any time.
- ☐ Identify the individual's specific and individualized **assessed** need for the modification.
 - ☐ Document the positive interventions and supports the provider has used **prior to** initiating any modifications to the ISP for this requirement.
 - ☐ Document less intrusive methods of meeting the need **that have been tried by the provider but did not work**.
 - ☐ Include a clear description of the modification that is being put into place that is **directly proportionate** to the above specific assessed need.
 - ☐ Include a plan for the provider to **regularly collect and review data** to measure the ongoing effectiveness of the modification.
 - ☐ Include established time limits for provider and support coordinator to **periodically review the modification** to determine if it is still necessary or can be terminated.
 - ☐ Include **documented informed consent** of the individual to the modification.
 - ☐ Include an assurance that the interventions and supports that are part of this modification **will cause no harm** to the individual.

Please note that the provider owned or controlled "additional requirement" that the setting be physically accessible to the individual **may not be modified**. Similarly, no other elements of the HCBS settings regulations are subject to a modification.